

**U.S. Department of Justice**  
United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "*Instructions for Service of Process by U.S. Marshal*"

PLAINTIFF JAMES E. SHELTON DBA FINAL VERDICT SOLUTIONS	COURT CASE NUMBER 1:17-mc-00008
DEFENDANT CAPITAL ADVANCE SOLUTIONS, LLC	TYPE OF PROCESS Writ of Execution
<b>SERVE</b> { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>AT</b> { AFFINITY FEDERAL CREDIT UNION, Garnishee ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 73 Mountainview Boulevard, Basking Ridge, NJ 07920	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
James E. Shelton 316 Covered Bridge Road King of Prussia, PA 19406	
Number of process to be served with this Form 285	1
Number of parties to be served in this case	1
Check for service on U.S.A.	

 RECEIVED USMS  
NEWARK, N.J.  
For # 07162  
2017 APR 07 AM 7:07

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Normal business hours Monday-Friday

Signature of Attorney other Originator requesting service on behalf of: <i>Damee E. Shelton</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 484-626-3942
		DATE <i>4/19/17</i>

#### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>50</i>	District to Serve No. <i>50</i>	Signature of Authorized USMS Deputy or Clerk <i>C. Roberts</i>	Date <i>4-25-17</i>
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>GILLIAN PINTER, LOSS PREVENTION SPECIALIST</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date <i>5/2/17</i>	Time <i>9:29</i> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
		Signature of U.S. Marshal or Deputy <i>J. Miller</i> <i>4090</i>

Service Fee <i>\$65</i>	Total Mileage Charges including endeavors <i>50mi(.67)x.535=26.75</i>	Forwarding Fee	Total Charges	Advance Deposits <i>300.00</i>	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$0.00</i>
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REMARKS: 1.) SERVED GILLIAN PINTER, LOSS PREV. SPEC., OF AFFINITY FED CREDIT UNION AT 73 MOUNTAINVIEW BLVD., BASKING RIDGE, NJ

**DISTRIBUTE TO:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED